



ROGER CARTER COMMUNITY CENTER

Party Request Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: (H) _____ (W) _____

Phone: (C) _____

Email Address: _____

Number of Guests Attending: _____

(Party packages accommodate 20 guests, each additional guest is \$5. Climbing wall package is limited to 20 guests.)

Package (please check)

- | | |
|---|---|
| <input type="checkbox"/> General Party: \$225 | <input type="checkbox"/> Pool Party: \$300 |
| <input type="checkbox"/> *Playground Add On: \$40 | <input type="checkbox"/> Climbing Wall Party: \$300 |
| <input type="checkbox"/> Gym Party: \$275 | <input type="checkbox"/> Custom Party Inquiry |

** \$50/hr, Non-Howard County Resident*

Date Requested: _____ Alternate Date: _____

Start Time Requested: _____

Please email request to Adam Sterner, asterner@howardcountymd.gov or fax 410-313-2746.

PLEASE NOTE: This is just a request. A Roger Carter Community Center staff member will get back to you within 3 business days after checking availability.



For Office Use

Date received: _____

Time received: _____

Initials: _____